

HOUSE BILL No. 1695

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-46.

Synopsis: Minority health initiatives. Adds Alaska Native, Native Hawaiian, and other Pacific Islander to the definition of minority under the interagency state council on black and minority health. Changes council membership. Requires the council to develop and implement a plan to address health disparities of minority populations in Indiana, to coordinate local minority health coalitions with counties, and to establish a liaison between the state department of health and the Indiana Minority Health Coalition.

Effective: July 1, 2003.

Crawford

January 21, 2003, read first time and referred to Committee on Public Health.

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First Regular Session 113th General Assembly (2003)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2002 Regular or Special Session of the General Assembly.

HOUSE BILL No. 1695

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 16-46-6-2 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 2. As used in this
3 chapter, "minority" means an individual identified as any of the
4 following:

5 (1) Black **or African-American**.

6 (2) Hispanic or Latino.

7 (3) Asian. ~~or Pacific Islander~~.

8 (4) ~~Native~~ American **Indian**.

9 (5) **Alaska Native**.

10 (6) **Native Hawaiian and other Pacific Islander**.

11 SECTION 2. IC 16-46-6-4, AS AMENDED BY P.L.215-2001,
12 SECTION 89, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
13 JULY 1, 2003]: Sec. 4. (a) The council consists of the following
14 ~~seventeen (17)~~ **twenty-one (21)** members:

15 (1) Two (2) members of the house of representatives from
16 different political parties appointed by the speaker of the house of
17 representatives.



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- 1 (2) Two (2) members of the senate from different political parties
- 2 appointed by the president pro tempore of the senate.
- 3 (3) The governor or the governor's designee.
- 4 (4) The state health commissioner or the commissioner's
- 5 designee.
- 6 (5) The director of the division of family and children or the
- 7 director's designee.
- 8 (6) ~~The superintendent of public instruction or the~~
- 9 ~~superintendent's designee. The director of the office of~~
- 10 **Medicaid policy and planning or the director's designee.**
- 11 (7) The director of the division of mental health and addiction or
- 12 the director's designee.
- 13 (8) The commissioner of the department of correction or the
- 14 commissioner's designee.
- 15 ~~(9) The director of the division of disability, aging, and~~
- 16 ~~rehabilitative services or the director's designee.~~
- 17 **(9) One (1) representative of a local health department.**
- 18 (10) One (1) representative of a public health care facility
- 19 appointed by the governor.
- 20 ~~(11) One (1) licensed physician appointed by the governor who~~
- 21 ~~has knowledge and experience in the special health needs of~~
- 22 ~~minorities.~~
- 23 ~~(12) (11) One (1) psychologist appointed by the governor who:~~
- 24 ~~(A) is licensed to practice psychology in Indiana; and~~
- 25 ~~(B) has knowledge and experience in the special health needs~~
- 26 ~~of minorities.~~
- 27 ~~(13) Three (3) members appointed by the governor, who represent~~
- 28 ~~statewide organizations concerned with the health, economic,~~
- 29 ~~social, or educational needs of minorities. However, at least one~~
- 30 ~~(1) of the members must be a member of the Indiana minority~~
- 31 ~~health coalition.~~
- 32 **(12) One (1) member appointed by the governor based on the**
- 33 **recommendation of the Indiana State Medical Association.**
- 34 **(13) One (1) member appointed by the governor based on the**
- 35 **recommendation of the National Medical Association.**
- 36 **(14) One (1) member appointed by the governor based on the**
- 37 **recommendation of the Indiana Hospital and Health**
- 38 **Association.**
- 39 **(15) One (1) member appointed by the governor based on the**
- 40 **recommendation of the American Cancer Society.**
- 41 **(16) One (1) member appointed by the governor based on the**
- 42 **recommendation of the American Heart Association.**

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(17) One (1) member appointed by the governor based on the recommendation of the American Diabetes Association.

(18) One (1) member appointed by the governor based on the recommendation of the Black Nurses Association.

(19) One (1) member appointed by the governor based on the recommendation of the Indiana Minority Health Coalition.

(b) At least ~~fifty~~ **fifty-one** percent (~~50%~~) (**51%**) of the members of the council must be minorities.

SECTION 3. IC 16-46-6-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 8. The state department **and the Indiana Minority Health Coalition, Inc.** shall provide staff for the council.

SECTION 4. IC 16-46-6-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 10. The council shall do the following:

(1) Identify and study the special health care needs and health problems of minorities.

(2) Examine the factors and conditions that affect the health of minorities.

(3) Examine the health care services available to minorities in the public and private sector and determine the extent to which these services meet the needs of minorities.

(4) Study the state and federal laws concerning the health needs of minorities.

(5) Examine the coordination of services to minorities and recommend improvements in the delivery of services.

(6) Examine funding sources for minority health care.

(7) Examine and recommend preventive measures concerning the leading causes of death or injury among minorities, including the following:

(A) Heart disease.

(B) Stroke.

(C) Cancer.

(D) Intentional injuries.

(E) Accidental death and injury.

(F) Cirrhosis.

(G) Diabetes.

(H) Infant mortality.

(I) HIV and acquired immune deficiency syndrome.

(J) Mental Health.

(K) Substance Abuse.

(8) Examine the impact of the following on minorities:

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(A) Adolescent pregnancy.

~~(B) Mental disorders.~~

~~(C) Substance abuse.~~

~~(D)~~ **(B)** Sexually transmitted and other communicable diseases.

~~(E)~~ **(C)** Lead poisoning.

~~(F)~~ **(D)** Long term disability and aging.

~~(G)~~ **(E)** Sickle cell anemia.

(9) Monitor the Indiana minority health initiative and other public policies that affect the health status of minorities.

(10) Develop and implement a comprehensive plan and time line to address health disparities of minority populations in Indiana.

SECTION 5. IC 16-46-11-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 1. The state department of health, **in partnership with the Indiana Minority Health Coalition, Inc.**, shall do the following:

(1) Staff, coordinate, and assist in the implementation of the comprehensive health plan developed by the interagency state council on black and minority health established under IC 16-46-6.

~~(1)~~ **(2)** **Expand**, develop, and implement a **community based** state structure **that is more** conducive to addressing the health disparities of the minority populations in Indiana.

~~(2)~~ **(3)** Monitor minority health progress.

~~(3)~~ **(4)** Establish policy.

~~(4)~~ **(5)** Fund minority health programs, research, and other initiatives.

~~(5)~~ **(6)** Provide the following through interdepartmental coordination:

(A) The data and technical assistance needs of the local minority health coalitions.

(B) Measurable minority health objectives to ~~the~~ **local minority health** coalitions for the development of health intervention programs.

~~(6)~~ **(7)** Provide through the state health data center established by IC 16-19-10-3 minority health research and resource information addressing the following:

(A) Research within minority populations.

(B) A resource database that can be disseminated to local organizations interested in minority health.

(C) Racial and ethnic specific databases including morbidity,

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diagnostic groups, social/economic, education, and population.

(D) Attitude, knowledge, and belief information.

~~(7)~~ **(8)** Staff a minority health hotline that establishes linkages with other health and social service hotlines and local coalitions.

~~(8)~~ **(9)** Develop and implement an aggressive recruitment and retention program to increase the number of minorities in the health and social services professions.

~~(9)~~ **(10)** Develop and implement an awareness program that will increase the knowledge of health and social service providers to the special needs of minorities.

~~(10)~~ **(11)** Develop and implement culturally and linguistically appropriate health promotion and disease prevention programs that would emphasize avoiding the health risk factors for conditions affecting minorities and incorporate an accessible, affordable, and acceptable early detection and intervention component.

~~(11)~~ **(12)** Provide the state support necessary to ensure the continued development of the existing minority health coalitions and to develop coalitions in other areas targeted for minority health intervention.

~~(12)~~ **(13)** ~~Appoint a state funded coordinator for~~ **Coordinate** each of the counties with existing **local minority health** coalitions to:

(A) provide community planning and needs assessment assistance to the ~~coalition~~ **local minority health coalitions**; and to

(B) assist the ~~coalition~~ **local minority health coalitions** in the development of the local minority health intervention ~~plan~~ **plans. The plans shall be developed to coincide with the state fiscal year.**

~~(13)~~ **(14)** ~~Appoint and assign regional consultants to serve as~~ **Establish** a liaison between the department and the ~~local coalition~~ **Indiana Minority Health Coalition, Inc., to:**

(A) coordinate the state department of health resources needed for the development of local coalitions;

(B) provide assistance to and monitor the local coordinators in the development of local intervention plans;

(C) serve as the barometer to the state department of health on the minority health concerns of local coalitions;

(D) assist in coordinating the minority community input on state policies and programs;

(E) serve as the linkage with the state department of health and the local minority health coordinators; and

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- 1 (F) monitor the progress of the fulfilling of their
2 responsibilities.
3 ~~(14)~~ **(15)** Provide funding, within the limits of appropriations, to
4 support preventive health, education, and treatment programs in
5 the minority communities that are developed, planned, and
6 evaluated by approved organizations.
7 ~~(15)~~ **(16)** Provide assistance to local communities to obtain
8 funding for the development of a health care delivery system to
9 meet the needs, gaps, and barriers identified in the local plans.

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